

NEWSLETTER



The Birth of a Consortium *London, 27-29 June 2011*

Partners from LSE Health (project coordinator, London), ITM (Antwerp), TISS (Mumbai), IPH (Bangalore), CREPOS (Dakar) and ISSER (Accra) gathered in London to launch Health Inc.

Health Inc - the consortium's brainchild - is an EC-funded research project that will explore how social

exclusion impedes access despite health financing reforms, and how social health protection can become more inclusive.

The research will take place in the states of Maharashtra and Karnataka, in Senegal and in Ghana. The duration of the project is 36 months.

A package of support and training

In the Health Inc description of work, to design and offer a package of support and training throughout the lifespan of the project is put forward as the first objective of work package (WP) I, the Capacity Building and Research Network.

The Antwerp ITM team is happy to lead WP1. We believe that a dynamic Health Inc newsletter can be the yarn to spin such a package of support and training.

And we invite you to take part in it.



-Bart, Fabdi & Werner

UNDERSTANDING AND TACKLING SOCIAL EXCLUSION

Social exclusion is at the core of the Health Inc research. A shared understanding of the what's & how's of social exclusion is key for the coherence and success of our newborn project. This understanding will grow over time, as we develop our SPEC-tool, as we construct and fine-tune our research methods, and as we analyse our data from the field. This will be no easy task, as social exclusion is far from a clear-cut concept. But we already have a good starting point: a common definition.

This definition stems from the final report of the Social Exclusion Knowledge Network (SEKN), which informed the WHO Commission on Social Determinants of Health.

This report, published in 2008, was innovative for at least three reasons. First - and obviously key for Health Inc - the report is the first ever to scrutinise social exclusion within the field of health. Second - and equally relevant for Health Inc - the report was the first to be written from a world-wide perspective (more than two thirds of the contributors were from low- and middle-income countries). Third, the report gives a comprehensive overview of how the meaning of social exclusion changed and diversified

while the concept traveled the world over the last three decades.

Conceptually, the report makes a conclusive case for a relational approach to social exclusion (the dynamic, multidimensional *process* driven by unequal power relationships in the definition) as opposed to social exclusion as a *state*. The report argues that such concept of social exclusion provides a unique framework for understanding the determinants of

Social exclusion consists of dynamic, multidimensional processes driven by unequal power relationships interacting across four main dimensions - economic, political, social and cultural - and at different levels including individual, household, group, community, country and global levels. It results in a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights which leads to health inequalities.

health inequities and for developing action against them.

For the purpose of analysis and evaluation, the report recommends capturing process dynamics, combining quantitative and qualitative data, and collecting the experience of the excluded.

It also specifies the four dimensions on which we construct our SPEC-tool.

Popay J, Escorel S, Hernández M, Johnston H, Mathieson J & Rispel L (2008) Understanding and tackling social exclusion. Final report to the WHO Commission on Social Determinants of Health. Lancaster, Social Exclusion Knowledge Network, 256pp

The report can be downloaded at http://www.who.int/social_determinants/knowledge_networks/final_reports/sekn_final%20report_042008.pdf

SOCIAL EXCLUSION AND CAPABILITY DEPRIVATION

In 2000, Amartya Sen published his **Social exclusion: concept, application and scrutiny**, a revision of his earlier **Social exclusion: a critical assessment of the concept and its relevance**. At the turn of the century, debates on the nature of poverty were hot and Sen's capability perspective was far less mainstreamed than it is today. Several authors saw social exclusion and capabilities as just two more competing approaches within a range of poverty proxies.

In this paper, Sen forcefully argues that the concept of social exclusion reinforces - rather than competes with - the understanding of multi-dimensional poverty as capability deprivation. Conceptually - preceding the SEKN by nearly a decade - he draws attention to the relational nature of exclusion. He thus distinguishes between the *constitutive relevance* (a deprivation that is a loss on its own) and the *instrumental importance* (a deprivation leading to other deprivations) of social exclusion. He also makes the distinction

The helpfulness of the social exclusion approach does not lie, I would argue, in its conceptual newness, but in its practical influence in forcefully emphasizing - and focusing attention on - the role of relational features in deprivation.

between *active* and *passive* exclusion, that is caused by deliberate political choices or not.

Sen concludes that much is to be gained from applying the concept of social exclusion, both for analysis and policy. He also concludes that not even the clearly European origin of the concept compromises its usefulness in other parts of the world. Indeed - and of special interest for Health Inc - half of

the paper is dedicated to the applicability of the concept in an Asian context.

Recommended reading as it is, this paper misses

one important caveat: if social exclusion looks at outcomes and individuals, it might neglect processes and structures. This critical issue is dealt with in Labonte's article which follows.

Sen A (2000) Social exclusion: concept, application and scrutiny. Social Development Papers N°1. Manila, Asian Development Bank, 60pp

The paper can be downloaded at http://www.adb.org/Documents/Books/Social_Exclusion/Social_exclusion.pdf

THE DIALECTIC OF EXCLUSION AND INCLUSION

In his 2004 article **Social inclusion/exclusion: dancing the dialectic**, the Canadian health equity expert Ronald Labonte describes first how in the last decades of the 20th century, prevailing social terminology shifted from processes (*community participation*) to attributes (*community capacity*) to services (*community health*), before the adjective was changed and terms like *social capital* and *social inclusion* appeared (replacing *community capacity* and *community participation*). While Labonte disapproves of *social capital* as "a pot pourri of (...) variables of variable interest to different researchers", he welcomes the twinned concepts of *social exclusion* and *inclusion* as improvements over their predecessor.

At the same time, he warns for a focus on remedial inclusion without addressing the structural dimension of

exclusion, and describes the tension between *social exclusion* and *inclusion* as resulting from different norms of social justice.

(...) how can one 'include' people and groups into structured systems that have systematically 'excluded' them in the first place?

Labonte ends on a light note, citing Emma Goldman: "If I can't dance, then it's not my revolution". Did Russell read Goldman?

Labonte R (2004) Social inclusion/exclusion: dancing the dialectic. Health Promotion International 19(1), 115-121

Provided your institution has access to Oxford Journals, this article can be downloaded at <http://heapro.oxfordjournals.org/content/19/1/115.full.pdf+html>

WHAT'S NEXT?

In this first Newsletter, we centered on the more general conceptual elements of social exclusion. In next week's Newsletter, we will focus on the evolving understanding and application of the concept in low- and middle-income countries.

COMMENTS ON LAST WEEK'S NEWSLETTER

Obviously, this section is still empty. The idea however is to have your inputs here from next week on.

Do you want to add to the understanding or the interpretation of any of the publications discussed

this week? Do you feel we missed equally or more important writings that should be shared and commented on? Do you prefer a totally different format? Any other suggestions?



Just grab your pen and send us your thoughts (short and concise please, remember our newsletter is only a two-pager): wsoors@itg.be, no later than Wednesday night.

The views expressed in this newsletter are meant as food for thought and do not necessarily represent those of the Health Inc consortium or of its funder, the EC.



QUOTE OF THE WEEK

(...) in seeking justice by means of elaborate systems we have been in danger of forgetting that justice alone is not enough. Daily joys, times of liberation from care, adventure, and opportunity for creative activities, are at least as important as justice in bringing about a life that men can feel to be worth living.

Bertrand Russell: *Individual and social ethics*, 6th Reith lecture, 30 January 1949